


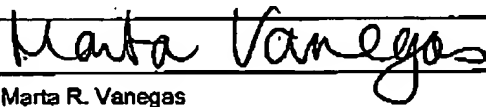
MAY 13 2005

PTO/SB/21 (09-04)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/780,752
	Filing Date	February 9, 2001
	First Named Inventor	Conrad, Kirk P.
	Art Unit	1853
	Examiner Name	Liu, Samuel W.
	Attorney Docket Number	021663-001530US
Total Number of Pages in This Submission		3

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Chris J. Ullsperger		
Date	May 13, 2005	Reg. No.	48,006

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-9306 on the date indicated below.			
Signature			
Typed or printed name	Marta R. Vanegas	Date	May 13, 2005

60491355 v1

PTO/SB/82 (09-04)

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/780,752
	Filing Date	February 9, 2001
	First Named Inventor	Conrad, Kirk P.
	Art Unit	1653
	Examiner Name	Liu, Samuel W.
	Attorney Docket Number	021663-001530US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

20350

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

20350

OR

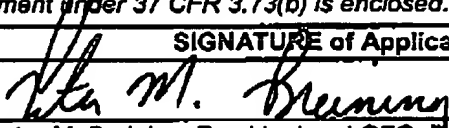
<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Peter M. Breining, President and CEO, BAS Medical, Inc.		
Date		Telephone	650-235-3570

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 3 forms are submitted.

60424341 v1

PTO/SB/88 (09-04)

Attorney Docket No. 021663-001530US

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Conrad, Kirk P.; Lewis, Martyn; Unemori, Elaine N.; Huang, Xinfan; Tozzi, Carla A.Application No./Patent No.: 09/780,752/6,723,702 B2 Filed/Issue Date: February 9, 2001/April 20, 2004Entitled: USE OF RELAXIN TO TREAT DISEASES RELATED TO VASOCONSTRICTIONBAS Medical, Inc. a Corporation
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is ____ %

in the patent application/patent identified above by virtue of either:

- A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

- B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: Lewis, Unemori, Huang To: Connetics Corporation
The document was recorded in the United States Patent and Trademark Office at
Reel 015521, Frame 0390, or for which a copy thereof is attached.
2. From: Connetics Corporation To: BAS Medical, Inc.
The document was recorded in the United States Patent and Trademark Office at
Reel 014901, Frame 0382, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
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☐ Additional documents in the chain of title are listed on a supplemental sheet.☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Peter M. Breining
Signature
Peter M. Breining
Printed or Typed Name
President and CEO
Title

Date
650-235-3570
Telephone Number

60424359 v1